

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 99510 Office of Registrar of Vital Statistics. Ward 8<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 29<sup>th</sup> 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Rosa Barrell.

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 35 Years, — Months, — Days,

Color, White.

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Maryland. —

Duration of Residence in the City of Baltimore, About four years

Place of Death, { Give street and Number. } Albion House. Balto.

Cause of Death, { First, (Primary,) Catarrhal Bronchitis  
Second, (Immediate,) Asthenia.

Duration of Last Sickness, Two months. —

All the above information should be furnished by the Physician.

Place of Burial, Elkton Md

Date of Burial, April 29 Alon D Smith M. D.,

{ Undertaker, Roll Kenuick & Son Medical Attendant,

{ Place of Business, 92 St Howard Address, Balto. Md.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

661 Transit



No. 7047  
The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 99511 Office of Registrar of Vital Statistics.

Ward 14<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, April 27, 1887.

Full Name of Deceased, Andrew Jackson Thiner

Sex, Male or Female, Male

Age, 9 Years, 4 Months, 19 Days.

Color, White

Married, Single, Widow or Widower, Single

Occupation, Baltimore

Birth Place, Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, 1520 N. Henry St

Cause of Death, Scrophula  
Paralysis

Duration of Last Sickness, 6 years

All the above information should be furnished by the Physician.

Place of Burial, Linden Park Cemetery

Date of Burial, April 29, 1887

Undertaker, J. B. Cook

Place of Business, 10103 N. Baltimore Address,

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 99512 Office of Registrar of Vital Statistics.

Ward 20<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, April 28, 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ela. Kent Stewart

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, Years, 17 Months, 4 Days.

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, \_\_\_\_\_

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 533 Bruce St.

Cause of Death, { First (Primary), Second (Immediate), } Dysentery

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 29<sup>th</sup> 1887

Undertaker, John E. Hough B. W. Lushbaum M. D.s

Place of Business, Penn Ave Address, 1327 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 99513 Office of Registrar of Vital Statistics. Ward 3<sup>rd</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four* hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, April 27<sup>th</sup> 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Kohn

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 34<sup>th</sup> Years, - Months, - Days

Color, white

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, -

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balt Md

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give Street and Number. } 74 Hampden St

Cause of Death, { First (Primary), Second (Immediate), } Phthisis Pulmonum

Duration of Last Sickness, about 1 hr

All the above information should be furnished by the Physician.

Place of Burial, Baltimore am

Date of Burial, April 28 / 87

Undertaker, W. B. Thompson

Place of Business, 1709 E. Lombard St Address, 607 N Charles St

S. D. Knass M. D.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 99514 Office of Registrar of Vital Statistics.

Ward 19<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, April 26 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sarah E. Bailey

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 30 Years, 6 Months, 11 Days.

Color, W

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Ball

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balt.

Duration of Residence in the City of Baltimore, 17 1/2

Place of Death, { Give Street and Number. } 1711 Edmonson av

Cause of Death, { First (Primary), Second (Immediate), } Phthisis Pulmonalis

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, April 29/87

Undertaker, Dennis A. Mitchell

Place of Business, 1201 N. Fayette

H. W. Metcalf M. D.  
Medical Attendant.

Address, 116 13th av

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Permit No. 99575

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, April 25th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Fannie Campbell

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 5 Years, Months, Days.

Color, Mulatto

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ✓

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Ind

Duration of Residence in the City of Baltimore, 5 yrs

Place of Death, { Give street and number. } 739 Little George St

Cause of Death, { First, (Primary.) Pneumonia  
Second, (Immediate.) }

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Sanders & Ward Exec Co Va

Date of Burial, April 27 1887

Undertaker, Hercules R. S. S.

Place of Business, 404 Cornway St

Medical Attendant, A. L. Belt, M.D.,

Address, 1010 Cathedral St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

4663 Transit

[OVER.]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 99516 Office of Registrar of Vital Statistics. Ward 12<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.  
No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, April 27-1887

Full Name of Deceased, Fannie M. Andrews {Write legibly and spell correctly. If an Infant not named, give names of parents.}

Sex, Female or Male, {Cross out the word not required in this line.}

Age, 27 Years, — Months, — Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 1729 Linden Ave

Cause of Death, {First (Primary), Second (Immediate),} Phthisis Pulmonalis  
Hemorrhage of Lungs

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Annapolis Md

Date of Burial, April 29/87

{ Undertaker, Denny & Mitchell } H. M. Wilson M. D.  
Medical Attendant.

{ Place of Business, 1201 W. Fayette } Address, 1008 Madison Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

4662 Laurel

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 99517 Office of Registrar of Vital Statistics. Ward 16<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, Apr-26-'87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sarah Benson  
Brown

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 50 Years,          Months,          Days.

Color, Dark

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,         

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balt. Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give Street and Number. } 429 Wayne St

Cause of Death, { First (Primary), Second (Immediate), } Phthisis Pulmonalis

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Shamrock Cemetery

Date of Burial, April 28<sup>th</sup> 87

{ Undertaker, Samuel L. Shaw } J. Tyler Smith M. D.  
Medical Attendant.

{ Place of Business, 198 S. Howard } Address, 540 Barr St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



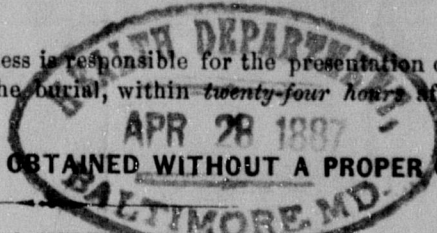
# Board of Health, City of Baltimore,

Permit No. 99518

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



## CERTIFICATE OF DEATH.

Date of Death, 27<sup>th</sup> April 1887  
 Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Geo Washington Wallace  
 Sex, Male or Female, { Cross out the word not required in this line. }  
 Age, 40 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.  
 Color, Ed Sex, Male  
 Married, Single, Widow or Widower, { Cross out the words not required in this line. }  
 Occupation, Sailor  
 Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore  
 Duration of Residence in the City of Baltimore, lifetime  
 Place of Death, { Give street and number. } 1131 Mason alley  
 Cause of Death, { First (Primary,) Second (Immediate,) } Consumption  
 Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Lanier Cemetery  
 Date of Burial, April 28-1887  
 Undertaker, W. W. Madden  
 Place of Business, 46 East St  
 Medical Attendant, Geo. S. Collins M. D.  
 Address, 1052 First St., corner York road

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]



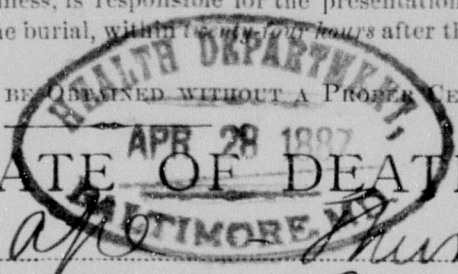
The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 99519 Office of Registrar of Vital Statistics. Ward 8<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *forty-eight hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, 28<sup>th</sup> April 1887 Thursday

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James Randolph

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 49 Years, 0 Months, 3 Days,

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Journalist

Birthplace, { State or country, and now long in the United States, if of foreign birth. } Washington D.C.

Duration of Residence in the City of Baltimore, 20 years

Place of Death, { Give street and Number. } 28 E Preston St

Cause of Death, { First, (Primary,) Cardiac Dropsy Second, (Immediate,) Heart failure }

Duration of Last Sickness, 4 months

At the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, 30<sup>th</sup> April 1887

Undertaker, H. W. Jenkins & Sons

Place of Business, Park & Saratoga Sts Address, 212 Madison St

W. H. Smellie M.D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

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